



Specialized ICD-10-CM Coding Training *For Local Health Departments and Rural Health*

Child Health, Health Check

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Child Health, Health Check Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in Child Health and Health Check
- Demonstrate how to accurately assign ICD-10-CM codes using Child Health and Health Check scenarios

NOTE: Basic ICD-10-CM Coding training is a prerequisite for this course



Chapter 21

Factors influencing health status and contact with health services Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as 'diagnoses' or 'problems'
 - This can arise in two main ways:
 - When a person who may or may not be sick encounters health services for some specific purpose
 - Examples: Encounter for routine child health examination
 - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
 - Example: Body Mass Index



Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health car
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Routine and administrative examinations**
 - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-school physical)
 - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
 - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
 - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
 - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
 - Code assignment depends on the information that is known at the time the encounter is being coded
 - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Routine and administrative examinations**
 - Pre-operative examination and pre-procedural laboratory examination
Z codes are for use only in those situations when a client is being cleared for a procedure or surgery and no treatment is given
- **Z codes/categories for routine and administrative examinations**
 - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
 - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
 - Z02 Encounter for administrative examination
 - Except: Z02.9, Encounter for administrative examinations, unspecified



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Contact/Exposure (Categories Z20 and Z77)**
 - Category Z20 indicates contact with, and suspected exposure to, communicable diseases
 - Do not show any sign or symptom of a disease
 - Suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic
 - **Z20.4 Contact with and (suspected) exposure to rubella**
 - Category Z77 indicates contact with and suspected exposures hazardous to health
 - **Z77.011 Contact with and (suspected) exposure to lead**
 - Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Codes**

- Indicate a client is either
 - carrier of a disease (**Z21 Asymptomatic HIV infection status**)
 - has the sequelae or residual of a past disease or condition (**Z93.3~ Colostomy status**)
- Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0 Presence of artificial eye**)
- Are informative ~ the status may affect the course of treatment and its outcome (**Z94.1 Heart transplant status**)
- Are distinct from history codes which indicate the client no longer has the condition (**Z87.730 Personal history of corrected cleft lip and palate**)



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Status Z codes/categories are:**
 - Z14 Genetic carrier ~ indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease
 - The person does not have the disease and is not at risk of developing the disease
 - Z15 Genetic susceptibility to disease ~ indicates that a person has a gene that increases the risk of that person developing the disease
 - Codes from category Z15 should not be used as first-listed codes
 - If the client has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the current condition should be first-listed
 - If the client is being seen for follow-up after completed treatment for this condition, and the condition no longer exists a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes
 - If the purpose of the encounter is genetic counseling associated with procreative management, **Z31.5, Encounter for genetic counseling**, should be assigned as the first-listed code, followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z16 Resistance to antimicrobial drugs ~ Code indicates that a client has a condition that is resistant to antimicrobial drug treatment
 - Sequence the infection code first
 - Z17 Estrogen receptor status
 - Z18 Retained foreign body fragments
 - Z21 Asymptomatic HIV infection status ~ Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
 - Z22 Carrier of infectious disease ~ Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection
 - Z28 Immunization not carried out and underimmunization status
 - Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z66 Do not resuscitate ~ Used when it is documented by the provider that a client is on “Do not resuscitate” (DNR) status
 - Z67 Blood type
 - Z68 Body mass index (BMI)
 - Z74.01 Bed confinement status
 - Z76.82 Awaiting organ transplant status
 - Z78 Other specified health status
 - Z78.1 Physical restraint status, may be used when it is documented by the provider that a client has been put in restraints during the current encounter
 - This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
 - Z88 Allergy status to drugs, medicaments and biological substances
 - Z89 Acquired absence of limb
 - Z90 Acquired absence of organs, not elsewhere classified
 - Z91.0 Allergy status, other than to drugs and biological substances
 - Z93 Artificial opening status
 - Z94 Transplanted organ and tissue status
 - Z95 Presence of cardiac and vascular implants and grafts
 - Z96 Presence of other functional implants
 - Z97 Presence of other devices
 - Z98 Other post-procedural states
 - Z99 Dependence on enabling machines and devices, not elsewhere classified



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **History (of) – Personal and Family**
 - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
 - Has the potential for recurrence, and therefore may require continued monitoring
 - Personal history codes may be used in conjunction with **follow-up codes**
 - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
 - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure
 - History codes are acceptable on any medical record regardless of the reason for visit
 - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **History (of) Z codes/categories are:**
 - Z80 Family history of primary malignant neoplasm
 - Z81 Family history of mental and behavioral disorders
 - Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
 - Z83 Family history of other specific disorders
 - Z84 Family history of other conditions
 - Z85 Personal history of malignant neoplasm
 - Z86 Personal history of certain other diseases
 - Z87 Personal history of other diseases and conditions
 - Z91.4~ Personal history of psychological trauma, not elsewhere classified
 - Z91.5 Personal history of self-harm
 - Z91.8~ Other specified personal risk factors, NEC (Except Z91.83)
 - Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease (**Category Z11: Encounter for screening infectious and parasitic diseases**)
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
 - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination
- In addition to the Z code, a procedure code is required to confirm that the screening was performed



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Observation**
 - **Two observation Z code categories:**
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Except: Z04.72, Encounter for examination and observation following alleged child physical abuse
 - Used in very limited circumstances
 - Person is observed for suspected condition that is ruled out
 - Administrative and legal observation status
 - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
 - In such cases, the diagnosis/symptom code is used



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Aftercare**

- Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the client requires continued care during the healing or recovery phase, or for the long-term consequences of the disease
- The aftercare Z code should not be used if treatment is directed at a current, acute disease
 - The diagnosis code is to be used in these cases
 - Exceptions to this rule are codes **Z51.0, Encounter for antineoplastic radiation therapy**, and codes from subcategory **Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy**
 - These codes are to be first-listed, followed by the diagnosis code when a client's encounter is solely to receive radiation therapy, chemotherapy, or immunotherapy for the treatment of a neoplasm
 - If the reason for the encounter is more than one type of antineoplastic therapy, code Z51.0 and a code from subcategory Z51.1 may be assigned together, in which case one of these codes would be reported as a secondary diagnosis.



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Aftercare**

- Do not use aftercare Z codes for aftercare for injuries
 - Assign the acute injury code with the appropriate 7th character (for subsequent encounter)
- The aftercare codes are generally first-listed to explain the specific reason for the encounter
 - An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for encounter and no diagnosis code is applicable
 - An example of this would be change or removal of nonsurgical wound dressing during an encounter for treatment of another condition
- Certain aftercare Z code categories need a secondary diagnosis code to describe the resolving condition or sequelae
 - For others, the condition is included in the code title



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Aftercare Z category/codes:**
 - Z42 Encounter for plastic and reconstructive surgery following medical procedure or healed injury
 - Z43 Encounter for attention to artificial openings
 - Z44 Encounter for fitting and adjustment of external prosthetic device
 - Z45 Encounter for adjustment and management of implanted device
 - Z46 Encounter for fitting and adjustment of other devices
 - Z47 Orthopedic aftercare
 - Z48 Encounter for other post-procedural aftercare
 - Z49 Encounter for care involving renal dialysis
 - Z51 Encounter for other aftercare



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Follow-up**

- Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
 - They imply that the condition has been fully treated and no longer exists
 - Not aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae
 - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
 - Follow-up code is sequenced first, followed by the history code
 - » Follow up exam for bad ear infection, treatment complete (Z09)
 - » History of diseases of the sense organs (Z86.69)
- A follow-up code may be used to explain multiple visits
- Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes**

- These codes capture a number of other health care encounters that do not fall into one of the other categories
 - May identify the reason for the encounter
 - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment

- **Miscellaneous Z codes/categories**

- Z28 Immunization not carried out
 - Except: Z28.3, Underimmunization status
- Z40 Encounter for prophylactic surgery
- Z41 Encounter for procedures for purposes other than remedying health state
 - Except: Z41.9, Encounter for procedure for purposes other than remedying health state, unspecified



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
 - Z53 Persons encountering health services for specific procedures and treatment, not carried out
 - Z55 Problems related to education and literacy
 - Z56 Problems related to employment and unemployment
 - Z57 Occupational exposure to risk factors
 - Z59 Problems related to housing and economic circumstances
 - Z60 Problems related to social environment
 - Z62 Problems related to upbringing
 - Z63 Other problems related to primary support group, including family circumstances
 - Z64 Problems related to certain psychosocial circumstances
 - Z65 Problems related to other psychosocial circumstances



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
 - Z72 Problems related to lifestyle
 - Z73 Problems related to life management difficulty
 - Z74 Problems related to care provider dependency
 - Except: Z74.01, Bed confinement status
 - Z75 Problems related to medical facilities and other health care
 - Z76.0 Encounter for issue of repeat prescription
 - Z76.3 Healthy person accompanying sick person
 - Z76.4 Other boarder to healthcare facility
 - Z76.5 Malingerer [conscious simulation]
 - Z91.1~ Patient's noncompliance with medical treatment and regimen
 - Z91.83 Wandering in diseases classified elsewhere
 - Z91.89 Other specified personal risk factors, not elsewhere classified



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis**
 - Except when there are multiple encounters on the same day and the medical records for the encounters are combined
 - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
 - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
 - Z02 Encounter for administrative examination
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Z33.2 Encounter for elective termination of pregnancy
 - Z31.81 Encounter for male factor infertility in female patient
 - Z31.82 Encounter for Rh incompatibility status
 - Z31.83 Encounter for assisted reproductive fertility procedure cycle



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis (cont'd)**
 - Z31.84 Encounter for fertility preservation procedure
 - Z34 Encounter for supervision of normal pregnancy
 - Z39 Encounter for maternal postpartum care and examination
 - Z38 Liveborn infants according to place of birth and type of delivery
 - Z51.0 Encounter for antineoplastic radiation therapy
 - Z51.1~ Encounter for antineoplastic chemotherapy and immunotherapy
 - Z52 Donors of organs and tissues
 - Except: Z52.9, Donor of unspecified organ or tissue
 - Z76.1 Encounter for health supervision and care of foundling
 - Z76.2 Encounter for health supervision and care of other healthy infant and child
 - Z99.12 Encounter for respirator [ventilator] dependence during power failure



Chapter 21

Factors influencing health status and contact with health services

Questions/Group Exercise

- Questions?
- **Scenario :** *A 7 year old male is seen in clinic for his well child care visit. Mother states his older brother is being treated for ADHD and she thinks this child may have ADHD. Examination findings are normal. The child is delinquent on DTaP, IPV, MMR and VAR immunizations so those were administered.*



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Content

Chapter 4 contains the following blocks – 1st character is E

E00-E07 Disorders of thyroid gland	E40-E46 Malnutrition
E08-E13 Diabetes mellitus	E50-E64 Other nutritional deficiencies
E15-E16 Other disorders of glucose regulation and pancreatic internal secretion	E65-E68 Overweight, obesity and other hyperalimentation
E20-E35 Disorders of other endocrine glands	E70-E88 Metabolic disorders
E36 Intraoperative complications of endocrine system	E89 Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Diabetes Mellitus

- **Code Range: E00~E89**
- Instead of a single category as in ICD-9-CM, there are 5 categories
 - E08 – Diabetes Mellitus due to underlying condition
 - E09 – Drug or chemical induced Diabetes Mellitus
 - E10 – Type 1 Diabetes Mellitus
 - E11 – Type 2 Diabetes Mellitus
 - E13 – Other specified Diabetes Mellitus
- The diabetes mellitus codes are combination codes that include:
 - type of diabetes mellitus
 - body system affected
 - complications affecting that body system



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- For Diabetes Mellitus codes:
 - 4th Character = underlying conditions with specified complications
 - 5th Character = specific manifestations
 - 6th Character = even further manifestations
- As many codes within a particular category as are necessary to describe all of the complications of the disease may be used
- Most Type 1 diabetics develop the condition before reaching puberty but age is not the sole determining factor
- All of the categories, except E10, have an instructional note to use an additional code for any long term insulin use (Z79.4)
- If the Type is not documented, the default is E11.~, Type 2 Diabetes Mellitus



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- Complications due to insulin pump malfunction
 - Underdose of insulin due to insulin pump failure
 - Assign first-listed code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
 - Secondary code is T38.3x6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
 - Also assign additional codes for the type of Diabetes and any associated complications due to the underdosing
 - Overdose of insulin due to insulin pump failure
 - Assign first-listed code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
 - Secondary code is T38.3x1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional)
 - Also assign additional codes for the type of Diabetes and any associated complications due to the overdosing



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- Secondary Diabetes Mellitus
 - Secondary codes are in categories
 - E08, Diabetes mellitus due to underlying condition
 - E09, Drug or chemical induced diabetes mellitus
 - E13, Other specified diabetes mellitus
 - Always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, adverse effect of drug, or poisoning)
 - Follow Tabular List instructions to determine sequencing of codes
 - If diabetes mellitus is due to the surgical removal of all or part of the pancreas (postpancreatectomy)
 - Assign code E89.1, Postprocedural hypoinsulinemia as first-listed
 - Assign secondary code from category E13, Other specified Diabetes Mellitus
 - Assign secondary code from subcategory Z90.41~, Acquired absence of pancreas
 - Assign secondary code for long term insulin use, Z79.4



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Documentation Differences

- Diabetes Mellitus
 - Controlled and Uncontrolled are no longer a factor in code selection
 - Uncontrolled is coded to Diabetes, by type, with hyperglycemia
 - E10.65 Type 1 diabetes mellitus with hyperglycemia
- More specific information is needed to assign codes in Chapter 4
 - Metabolic disorders require greater detail related to specific amino acid, carbohydrate, or lipid enzyme deficiency responsible for the metabolic disorder
 - Cushing's syndrome is now differentiated by type and cause
 - More specific information is required to code disorders of the parathyroid gland
 - Vitamins, mineral, and other nutritional deficiencies require more information on the specific vitamin(s) and mineral(s)



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Obesity

- Obesity codes are expanded

E66 Overweight and obesity

Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)

Use additional code to identify body mass index (BMI), if known (Z68.-)

Excludes1: adiposogenital dystrophy (E23.6)
lipomatosis NOS (E88.2)
lipomatosis dolorosa [Dercum] (E88.2)
Prader-Willi syndrome (Q87.1)

E66.0 Obesity due to excess calories

E66.01 Morbid (severe) obesity due to excess calories

Excludes1: morbid (severe) obesity with alveolar hypoventilation (E66.2)

E66.09 Other obesity due to excess calories

Body mass index [BMI] (Z68)

Z68 Body mass index [BMI]

Kilograms per meters squared

Note: BMI adult codes are for use for persons 21 years of age or older

BMI pediatric codes are for use for persons 2-20 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

Z68.1 Body mass index (BMI) 19 or less, adult

Z68.2 Body mass index (BMI) 20-29, adult

Z68.20 Body mass index (BMI) 20.0-20.9, adult

Z68.21 Body mass index (BMI) 21.0-21.9, adult



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Questions/Group Exercise

- Questions?
- **Scenario :** *13 year old obese female with secondary diabetes mellitus due to acute idiopathic pancreatitis. She has been on insulin for 3 years and today her blood sugar is 300. Height – 5'0"; Weight – 190 lbs*





Chapter 6

Diseases of the Nervous System

- **Code Range: G00~G99**

Chapter 6 contains the following blocks – 1st character is G

G00-G09 Inflammatory diseases of the central nervous system	G50-G59 nerve, nerve root and plexus disorders
G10-G14 Systemic atrophies primarily affecting the central nervous system	G60-G65 Polyneuropathies and other disorders of the peripheral nervous system
G20-G26 Extrapyrarnidal and movement disorders	G70-G73 Diseases of myoneural junction and muscle
G30-G32 Other degenerative diseases of the nervous system	G80-G83 Cerebral palsy and other paralytic syndromes
G35-G37 Demyelinating diseases of the central nervous system	G89-G99 Other disorders of the nervous system
G40-G47 Episodic and paroxysmal disorders	



Chapter 6

Diseases of the Nervous System

Coding Guidelines

- **Dominant/nondominant side**
 - Codes from category G81, Hemiplegia and hemiparesis, and subcategories, G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected
 - Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
 - For ambidextrous patients, the default should be dominant
 - If the left side is affected, the default is non-dominant
 - If the right side is affected, the default is dominant

G81.0 Flaccid hemiplegia

G81.00 Flaccid hemiplegia affecting unspecified side

G81.01 Flaccid hemiplegia affecting right dominant side

G81.02 Flaccid hemiplegia affecting left dominant side

G81.03 Flaccid hemiplegia affecting right nondominant side

G81.04 Flaccid hemiplegia affecting left nondominant side



Chapter 6

Diseases of the Nervous System

Coding Guidelines

- **Pain ~ Category G89**

- May be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated
- If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category G89
- A code from category G89 should not be assigned if the underlying (definitive) diagnosis is known (except for neoplasms), unless the reason for the encounter is pain control/ management and not management of the underlying condition
 - If pain control/management is reason for the encounter, G89 codes would be first-listed and underlying cause would be additional diagnosis
- If there is not a definitive diagnosis and the encounter is not for pain control/management, site-specific pain will be first-listed



Chapter 6

Diseases of the Nervous System

Coding Guidelines

- **Pain ~ Category G89 (cont'd)**
 - Chronic pain is classified to subcategory G89.2
 - No time frame defining when pain becomes chronic pain
 - Central pain syndrome (G89.0) and chronic pain syndrome (G89.4)
 - Different than the term “chronic pain”
 - Pain syndrome codes should only be used when the clinician has specifically documented this condition





Chapter 6

Diseases of the Nervous System

Coding Guidelines

- **Pain ~ Category G89 (cont'd)**

- Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor
 - Use whether the pain is acute and/or chronic
 - Code may be assigned as first-listed code when the stated reason for the encounter is documented as pain control/pain management
 - Underlying neoplasm is additional diagnosis
- When reason for the encounter is management of the neoplasm and the pain associated with the neoplasm is also documented
 - Code G89.3 will be an additional diagnosis
 - Do not assign an additional code for the site of the pain



Chapter 6

Diseases of the Nervous System

Coding Guidelines

- **Migraine (G43)**
 - 32 available codes
 - Documentation must include the following when appropriate
 - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled)
 - Not intractable
 - With status migrainosus (lasts more than 24 hrs) or without status migrainosus
 - With vomiting
 - Ophthalmoplegic
 - Menstrual
 - With or without aura
 - Hemiplegic
 - With or without cerebral infarction
 - Periodic
 - Abdominal





Chapter 6

Diseases of the Nervous System

Epilepsy

- **Epilepsy and Recurrent Seizures (G40)**
 - Code descriptions include:
 - Intractable (pharmacologically resistant, treatment resistant, refractory and poorly controlled) or not intractable
 - With status epilepticus (serious medical condition where prolonged or clustered seizures develop into non-stop seizures) or without status epilepticus
 - Documentation must address both of these
 - Examples:
 - G40.B01 Juvenile myoclonic epilepsy, not intractable, with status epilepticus
 - G40.B09 Juvenile myoclonic epilepsy, not intractable, without status epilepticus
 - G40.B11 Juvenile myoclonic epilepsy, intractable, with status epilepticus
 - G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus



Chapter 7

Diseases of the eye and adnexa

Content

- Code Range: H00~H59

Chapter 7 contains the following block – 1st character is H

H00-H05 Disorders of eyelid, lacrimal system and orbit	H43-H44 Disorders of vitreous body and globe
H10-H11 Disorders of conjunctiva	H46-H47 Disorders of optic nerve and visual pathways
H15-H22 Disorders of sclera, cornea, iris and ciliary body	H49-H52 Disorders of ocular muscles, binocular movement, accommodation and refraction
H25-H28 Disorders of lens	H53-H54 Visual disturbances and blindness
H30-H36 Disorders of choroid and retina	H55-H57 Other disorders of eye and adnexa
H40-H42 Glaucoma	H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified



Chapter 8

Diseases of the ear and mastoid process

Content

- **Code Range: H60~H95**

Chapter 8 contains the following block – 1st character is H

H60-H62 Diseases of external ear	H90-H94 Other disorders of ear
H65-H75 Diseases of middle ear and mastoid	H95 Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified
H80-H83 Diseases of inner ear	

H72 Perforation of tympanic membrane

Includes: persistent post-traumatic perforation of ear drum
postinflammatory perforation of ear drum

Code first any associated otitis media (H65.-, H66.1-, H66.2-, H66.3-, H66.4-, H66.9-, H67.-)

Excludes1: acute suppurative otitis media with rupture of the tympanic membrane (H66.01-)
traumatic rupture of ear drum (S09.2-)



Chapter 8

Diseases of the ear and mastoid process

Content

H62 Disorders of external ear in diseases classified elsewhere

H62.4 Otitis externa in other diseases classified elsewhere

Code first underlying disease, such as:
erysipelas (A46)
impetigo (L01.0)

Excludes1: otitis externa (in):
candidiasis (B37.84)
herpes viral [herpes simplex] (B00.1)
herpes zoster (B02.8)

H62.40 Otitis externa in other diseases classified elsewhere, unspecified ear

H62.41 Otitis externa in other diseases classified elsewhere, right ear

H62.42 Otitis externa in other diseases classified elsewhere, left ear

H62.43 Otitis externa in other diseases classified elsewhere, bilateral

H65 Nonsuppurative otitis media

Includes: nonsuppurative otitis media with myringitis

Use additional code for any associated perforated tympanic membrane (H72.-)

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco use (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

H65.0 Acute serous otitis media

Acute and subacute secretory otitis

H65.00 Acute serous otitis media, unspecified ear

H65.01 Acute serous otitis media, right ear

H65.02 Acute serous otitis media, left ear



Chapters 6, 7, 8

Nervous System, Eyes, Ears

Questions/Group Exercise

- Questions?
- Code the following:
 - *Juvenile absence epilepsy, not intractable, with status epilepticus*
 - *Ear Infection*
 - *Acute conjunctivitis, right eye; and chronic conjunctivitis, both eyes*





Chapter 9

Diseases of the circulatory system

Content

- **Code Range: I00~I99**

Chapter 9 contains the following block – 1st character is I

I00-I02 Acute rheumatic fever	I30-I52 Other forms of heart disease
I05-I09 Chronic rheumatic heart diseases	I60-I69 Cerebrovascular diseases
I10-I15 Hypertensive diseases	I70-I79 Diseases of arteries, arterioles and capillaries
I20-I25 Ischemic heart diseases	I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
I26-I28 Pulmonary heart disease and diseases of pulmonary circulation	I95-I99 Other and unspecified disorders of the circulatory system



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- Hypertension no longer classified by type
- Additional code for any tobacco use or exposure

Hypertensive diseases (I10-I15)

Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
neonatal hypertension (P29.2)
primary pulmonary hypertension (I27.0)

I10 Essential (primary) hypertension

Includes: high blood pressure
hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

Excludes2: essential (primary) hypertension involving vessels of brain (I60-I69)
essential (primary) hypertension involving vessels of eye (H35.0-)



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- **Hypertension, Secondary**
 - Secondary hypertension is due to an underlying condition
 - Two codes are required
 - Underlying etiology
 - Code from category I15 to identify the hypertension
 - Sequencing of codes is determined by reason for admission/encounter
- **Hypertension, Transient**
 - Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension
 - Assign code O13.~, Gestational hypertension without significant proteinuria, or O14.~, Pre-eclampsia, for transient hypertension of pregnancy
- **Hypertension – controlled or uncontrolled**
 - Assign appropriate code from categories I10-I15



Chapter 10

Diseases of the respiratory system

Instructions/Content

- **Code Range: J00-J99**

- When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40)
- Use additional code, where applicable, to identify tobacco use or exposure

Chapter 10 contains the following block – 1st character is J

J00-J06 Acute upper respiratory infections	J80-J84 Other respiratory diseases principally affecting the interstitium
J09-J18 Influenza and pneumonia	J85-J86 Suppurative and necrotic conditions of the lower respiratory tract
J20-J22 Other acute lower respiratory infections	J90-J94 Other diseases of the pleura
J30-K39 Other diseases of upper respiratory tract	J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J40-J47 Chronic lower respiratory diseases	J96-J99 Other diseases of the respiratory system
J60-J70 Lung diseases due to external agents	



Chapter 10

Diseases of the respiratory system

Coding Guidelines

- **Chronic Obstructive Pulmonary Disease [COPD] and Asthma**
 - Codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation
 - Acute exacerbation is a worsening or a decompensation of a chronic condition
 - Acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection
 - Asthma terminology is updated to reflect current clinical classification of asthma
 - Mild intermittent
 - Mild persistent
 - Moderate persistent
 - Severe persistent
 - Intrinsic (nonallergic) and extrinsic (allergic) asthma are both classified to J45.909 – Unspecified asthma, uncomplicated



Chapter 10

Diseases of the respiratory system

Severity of Asthma Classification

Presentation of Asthma before (without) Treatment

Type of Asthma	Symptoms	Nighttime Symptoms	Lung Function
Severe persistent	<ul style="list-style-type: none"> •Continual symptoms •Limited physical activity •Frequent exacerbations 	Frequent	<ul style="list-style-type: none"> • FEV_1 or PEF $\leq 60\%$ predicted • PEF variability $> 30\%$
Moderate persistent	<ul style="list-style-type: none"> •Daily symptoms •Daily use of inhaled short-acting β_2-agonist •Exacerbation of affect activity •Exacerbation ≥ 2 times/week ≥ 1 day(s) 	> 1 time/week	<ul style="list-style-type: none"> • FEV_1 or PEF 60-80% predicted • PEF variability $> 30\%$
Mild persistent	<ul style="list-style-type: none"> •Symptoms > 2 times/week but < 1 time/day •Exacerbation may affect activity 	> 2 times/month	<ul style="list-style-type: none"> • FEV_1 or PEF $\geq 80\%$ predicted • PEF variability 20-30%
Mild intermittent	<ul style="list-style-type: none"> •Symptoms ≤ 2 times/week •Asymptomatic and normal PEF between exacerbations •Exacerbations of varying intensity are brief (a few hours to a few days) 	≤ 2 times/month	<ul style="list-style-type: none"> • FEV_1 or PEF $\geq 80\%$ predicted • PEF variability $< 20\%$

FEV_1 = The maximal amount of air a person can forcefully exhale over one second accounting for the variables of height, weight, and race used to denote the degree of obstruction with asthma

PEF= Peak Expiratory Flow is the maximum flow of expelled air during expiration following full inspiration (big breath in and then big breath out)

Source: National Heart, Lung, and Blood Institute - <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>



Chapter 10

Diseases of the respiratory system

Coding Guidelines

- **Influenza due to certain identified influenza viruses**
 - Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10)
 - “Confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus
 - Coding may be based on the provider’s diagnostic statement that the client has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10
 - If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza
 - Use the appropriate influenza code from category J11, Influenza due to unidentified influenza virus
 - Do Not assign codes from category J09 or J10



Chapter 11

Diseases of the digestive system

Content

- **Code Range: K00~K95**

Chapter 11 contains the following block – 1st character is K

K00-K14 Diseases of oral cavity and salivary glands	K55-K64 Other diseases of intestines
K20-K31 Diseases of esophagus, stomach and duodenum	K65-K68 Diseases of peritoneum and retroperitoneum
K35-K38 Diseases of appendix	K70-K77 Diseases of liver
K40-K46 Hernia	K80-K87 Disorders of gallbladder, biliary tract and pancreas
K50-K52 Noninfective enteritis and colitis	K90-K95 Other diseases of the digestive system

- Contains 2 new sections
 - Diseases of Liver
 - Disorders of gallbladder, biliary tract and pancreas



Chapter 12

Diseases of the skin and subcutaneous tissue

Content

- **Code Range: L00~L99**

Chapter 12 contains the following block – 1st character is L

L00-L08 Infections of the skin and subcutaneous tissue	L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
L10-L14 Bullous disorders	L60-L75 Disorders of skin appendages
L20-L30 Dermatitis and eczema	L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue
L40-L45 Papulosquamous disorders	L80-L99 Other disorders of the skin and subcutaneous tissue
L49-L54 Urticaria and erythema	



Chapter 12

Diseases of the skin and subcutaneous tissue

Coding Guidelines

- **Pressure ulcer stage codes**
 - **Pressure ulcer stages**
 - Codes from category L89, Pressure ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer
 - Pressure ulcer stages are classified based on severity
 - Stages 1~4
 - Unspecified stage
 - Unstageable
 - Assign as many codes from category L89 as needed to identify all the pressure ulcers the client has, if applicable
- **Unstageable pressure ulcers**
 - Code assignment for unstageable pressure ulcer (L89.~~0) should be based on clinical documentation when the stage cannot be clinically determined and pressure ulcers documented as deep tissue injury but not documented as due to trauma.
 - If no documentation regarding stage, assign unspecified stage (L89.~~9).



Chapter 12

Diseases of the skin and subcutaneous tissue

Coding Guidelines

- **Documented pressure ulcer stage**
 - Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index
 - Code assignment for pressure ulcer stage may be based on non-physician documentation since this information is typically documented by other clinicians involved in the care of the client (e.g., nurses)
 - Physician must document that client has pressure ulcer
 - For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried
- **Pressure ulcers documented as healed**
 - No code is assigned if the documentation states that the pressure ulcer is completely healed.



Chapter 13

Diseases of the musculoskeletal system and connective tissue Content

- **Code Range: M00~M99**

Chapter 13 contains the following block – 1st character is M

M00-M02 Infectious arthropathies	M60-M63 Disorders of muscles
M05-M14 Inflammatory polyarthropathies	M65-M67 Disorders of synovium and tendon
M15-M19 Osteoarthritis	M70-M79 Other soft tissue disorders
M20-M25 Other joint disorders	M80-M85 Disorders of bone density and structure
M26-M27 Dentofacial anomalies [including malocclusion] and other disorders of jaw	M86-M90 Other osteopathies
M30-M36 Systemic connective tissue disorders	M91-M94 Chondropathies
M40-M43 Deforming dorsopathies	M95 Other disorders of the musculoskeletal system and connective tissue
M45-M49 Spondylopathies	M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhereclassified
M50-M54 Other dorsopathies	M99 Biomechanical lesions, not elsewhere classified



Chapter 13

Diseases of the musculoskeletal system and connective tissue Coding Guidelines

- **External Cause of Injury**

Chapter 13

Diseases of the musculoskeletal system and connective tissue (M00-M99)

Note: Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition

- **Site and laterality**

- Most codes within Chapter 13 have site and laterality designations
 - Site represents the bone, joint or the muscle involved.
 - For some conditions where more than one bone, joint or muscle is usually involved, such as osteoarthritis, there is a “multiple sites” code available
 - For categories where no multiple site code is provided and more than one bone, joint or muscle is involved, multiple codes should be used to indicate the different sites involved
- Bone versus joint
 - For certain conditions, the bone may be affected at the upper or lower end, (e.g., avascular necrosis of bone, M87, Osteoporosis, M80, M81)
 - Though the portion of the bone affected may be at the joint, the site designation will be the bone, not the joint



Chapter 13

Diseases of the musculoskeletal system and connective tissue Coding Guidelines

- **Acute traumatic versus chronic or recurrent musculoskeletal conditions**
 - Many musculoskeletal conditions are a result of previous injury or trauma to a site, or are recurrent conditions
 - Chronic or recurrent conditions should generally be coded with a code from chapter 13
 - Any current, acute injury should be coded to the appropriate injury code from chapter 19
- **Pathologic Fractures**

The appropriate 7th character is to be added to each code from subcategory M84.3:

A - initial encounter for fracture

D - subsequent encounter for fracture with routine healing

G - subsequent encounter for fracture with delayed healing

K - subsequent encounter for fracture with nonunion

P - subsequent encounter for fracture with malunion

S - sequela



Chapter 14

Diseases of the genitourinary system

Content

Code Range: N00~N99

Chapter 14 contains the following block – 1st character is N

N00-N08 Glomerular diseases	N40-N53 Diseases of male genital organs
N10-N16 Renal tubulo-interstitial diseases	N60-N65 Disorders of breast
N17-N19 Acute kidney failure and chronic kidney disease	N70-N77 Inflammatory diseases of female pelvic organs
N20-N23 Urolithiasis	N80-N98 Noninflammatory disorders of female genital tract
N25-N29 Other disorders of kidney and ureter	N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhereclassified
N30-N39 Other diseases of the urinary system	



Chapter 14

Diseases of the genitourinary system

Coding Guidelines

- **Chronic kidney disease (CKD)**
 - CKD is classified based on severity
 - The severity of CKD is designated by stages 1-5
 - Stage 2, code N18.2, equates to mild CKD
 - Stage 3, code N18.3, equates to moderate CKD
 - Stage 4, code N18.4, equates to severe CKD
 - Code N18.6, End stage renal disease (ESRD), is assigned when the provider has documented end-stage-renal disease (ESRD)
 - If both a stage of CKD and ESRD are documented, assign code N18.6 only
 - Clients who have undergone kidney transplant may still have some form of CKD because the kidney transplant may not fully restore kidney function
 - Presence of CKD alone does not constitute a transplant complication
 - Assign appropriate N18 code for the client's stage of CKD and code Z94.0, Kidney transplant status.



Chapters 9 ~ 14

Circulatory, Respiratory, Digestive and Skin/Subcutaneous Tissue, Genitourinary, Musculoskeletal

Questions/Group Exercise

- Questions?
- **Scenario :** *Mother of 8 year old male states he has had a bad cough and diarrhea for two days. Dx: Intestinal flu; Acute URI*





Chapter 16

Certain conditions originating in the perinatal period Instructional Notes

- **Code Range: P00~P96**

Note: Codes from this chapter are for use on newborn records only

- Never on maternal records

Includes: conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later

- If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client's age

Excludes2: congenital malformations, deformations and chromosomal abnormalities (Q00~Q99)

endocrine, nutritional and metabolic diseases (E00~E88)

injury, poisoning and certain other consequences of external causes (S00~T88)

neoplasms (C00~D49)

tetanus neonatorum (A33)



Chapter 16

Certain conditions originating in the perinatal period Content

Chapter 16 contains the following block – 1st character is P

P00-P04	Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery	P50-P61	Hemorrhagic and hematological disorders of newborn
P05-P08	Disorders of newborn related to length of gestation and fetal growth	P70-P74	Transitory endocrine and metabolic disorders specific to newborn
P09	Abnormal findings on neonatal screening	P76-P78	Digestive system disorders of newborn
P10-P15	Birth trauma	P80-P83	Conditions involving the integument and temperature regulation of newborn
P19-P29	Respiratory and cardiovascular disorders specific to the perinatal period	P84	Other problems with newborn
P35-P39	Infections specific to the perinatal period	P90-P96	Other disorders originating in the perinatal period



Chapter 16

Certain conditions originating in the perinatal period

Coding Guidelines

- Codes from other Chapters with Codes from Chapter 16
 - Codes from other chapters may be used with codes from chapter 16 if the codes from the other chapters provide more specific detail
 - Codes for signs and symptoms may be assigned when a definitive diagnosis has not been established
 - If the reason for the encounter is a perinatal condition, the code from chapter 16 should be first-listed
- Coding Additional Perinatal Diagnoses
 - Assign codes for conditions that require treatment or further investigation or require resource utilization
 - Assign codes for conditions that have been specified by the provider as having implications for future health care needs



Chapter 16

Certain conditions originating in the perinatal period

Coding Guidelines

- Newborn has a condition that may be either due to the birth process or community acquired
 - If the documentation does not indicate which it is, the default is due to the birth process and the code from Chapter 16 should be used
 - If the condition is community-acquired, a code from Chapter 16 should not be assigned
- Bacterial Sepsis of Newborn
 - Category **P36, Bacterial sepsis of newborn**, includes congenital sepsis
 - Refer to chapter-specific coding guidelines for additional guidance



Chapter 16

Certain conditions originating in the perinatal period

Coding Guidelines

- Code all clinically significant conditions noted on routine newborn examination
 - A condition is clinically significant if it requires:
 - clinical evaluation; or
 - therapeutic treatment; or
 - diagnostic procedures; or
 - extended length of hospital stay; or
 - increased nursing care and/or monitoring; or
 - has implications for future health care needs





Chapter 16

Certain conditions originating in the perinatal period Coding Guidelines

- Prematurity and Fetal Growth Retardation
 - Providers utilize different criteria in determining prematurity
 - A code for prematurity should not be assigned unless it is documented
 - Assignment of codes in categories **P05, Disorders of newborn related to slow fetal growth and fetal malnutrition**, and **P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified**, should be based on the recorded birth weight and estimated gestational age
 - Codes from category P05 should not be assigned with codes from category P07
 - Exception: A code from P05 and codes from **P07.2** and **P07.3** may be used to specify weeks of gestation as documented by the provider in the record
 - When both birth weight and gestational age are available:
 - Two codes from category P07 should be assigned
 - Sequence the code for birth weight before the code for gestational age



Chapter 16

Certain conditions originating in the perinatal period Coding Guidelines

- Low birth weight and immaturity status
 - Codes from category **P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified**
 - Can be used for a child or adult who:
 - was premature or had a low birth weight as a newborn, and
 - this is affecting the client's current health status
- Observation and Evaluation of Newborns for Suspected Conditions not Found
 - Assign a code from categories **P00-P04, Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery** to identify those instances when a healthy newborn is evaluated for a suspected condition that is determined after study not to be present
 - Do not use a code from categories P00-P04 when the patient has identified signs or symptoms of a suspected problem



Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Instructional Notes and Content

- **Code Range: Q00~Q99**

Note: Codes from this chapter are not for use on maternal or fetal records

Excludes2: inborn errors of metabolism (E70-E88)

Chapter 17 contains the following block – 1st character is Q

Q00-Q07 Congenital malformations of the nervous system	Q50-Q56 Congenital malformations of genital organs
Q10-Q18 Congenital malformations of eye, ear, face and neck	Q60-Q64 Congenital malformations of the urinary system
Q20-Q28 Congenital malformations of the circulatory system	Q65-Q79 Congenital malformations and deformations of the musculoskeletal system
Q30-Q34 Congenital malformations of the respiratory system	Q80-Q89 Other congenital malformations
Q35-Q37 Cleft lip and cleft palate	Q90-Q99 Chromosomal abnormalities, not elsewhere classified
Q38-Q45 Other congenital malformations of the digestive system	



Chapter 17

Congenital malformations, deformations and chromosomal abnormalities

Coding Guidelines

- Assign codes from Chapter 17 when a malformation/deformation or chromosomal abnormality is documented
 - Chapter 17 codes may be first-listed or a secondary diagnosis
 - Chapter 17 codes can be used throughout life of client
 - If a congenital malformation or deformity has been corrected, use a personal history code instead of Chapter 17 code
- When a malformation/deformation/or chromosomal abnormality does not have a unique code assignment, assign additional code(s) for any manifestations that may be present
- When the code assignment specifically identifies the malformation/deformation/or chromosomal abnormality, manifestations that are an inherent component of the anomaly should not be coded separately
 - Additional codes should be assigned for manifestations that are not an inherent component



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Instructional Notes

- Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded
- **Code Range: R00-R94** The conditions and signs or symptoms included in this code range consist of:
 - cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
 - signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
 - provisional diagnosis in a patient who failed to return for further investigation or care
 - cases referred elsewhere for investigation or treatment before the diagnosis was made
 - cases in which a more precise diagnosis was not available for any other reason
 - certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Content

Chapter 18 contains the following block – 1st character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified CMS Guidance Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
 - medical record documentation, and
 - clinical knowledge of the patient's health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
 - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
 - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Content

Chapter 19 contains the following block – 1st characters are S and T

S00-S09 Injuries to the head	T15-T19 Effects of foreign body entering through natural orifice
S10-S19 Injuries to the neck	T20-T32 Burns and corrosions
S20-S29 Injuries to the thorax	T20-T25 Burns and corrosions of external body surface, specified by site
S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	T26-T28 Burns and corrosions confined to eye and internal organs
S40-S49 Injuries to the shoulder and upper arm	T30-T32 Burns and corrosions of multiple and unspecified body regions
S50-S59 Injuries to the elbow and forearm	T33-T34 Frostbite
S60-S69 Injuries to the wrist, hand and fingers	T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
S70-S79 Injuries to the hip and thigh	T51-T6 Toxic effects of substances chiefly nonmedicinal as to source
S80-S89 Injuries to the knee and lower leg	T66-T78 Other and unspecified effects of external causes
S90-S99 Injuries to the ankle and foot	T79 Certain early complications of trauma
T07 Injuries involving multiple body regions	T80-T88 Complications of surgical and medical care, not elsewhere classified
T14 Injury of unspecified body region	



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects
 - Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
 - **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
 - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
 - Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
 - If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
 - **Adverse Effect** ~ When coding an adverse effect of a drug that has been correctly prescribed and properly administered
 - assign the appropriate code for the nature of the adverse effect
 - » Examples: Tachycardia, delirium, vomiting
 - followed by the appropriate code for the adverse effect of the drug (T36-T50)
 - **Poisoning** ~ When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
 - First assign the appropriate code from categories T36-T50
 - » The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
 - Use additional code(s) for all manifestations of poisonings
 - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
(cont'd)
 - Examples of **Poisoning**:
 - Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
 - Overdose of a drug intentionally taken or administered that results in drug toxicity
 - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
 - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
 - **Underdosing**
 - Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
 - For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
 - Example: T38.2X6- Underdosing of antithyroid drugs
 - Codes for underdosing should never be assigned as first-listed codes
 - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
 - Noncompliance (Z91.12~, Z91.13~) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

Z91.130 Patient's unintentional underdosing of medication regimen due to age-related debility

Y63.8 Failure in dosage during other surgical and medical care



Chapters 16 ~ 19

Questions/Group Exercise

- Questions?
- **Scenario:** *A 9 year old with asthma was seen in the clinic two weeks ago at which time Advair was prescribed. The child has been experiencing nausea and dizziness since starting the Advair. It appears she is having a adverse reaction to the Advair so is told to discontinue taking the Advair.*





Child Health/Health Check True/False Quiz

1. A history code indicates the client no longer has the condition
2. Type 2 Diabetes Mellitus is the default if Type is not documented
3. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus
4. If Obesity is coded, the BMI must always be coded as well
When both birth weight and gestational age are available code one or the other but not both.
5. Codes for signs and symptoms are not reported in addition to a related definitive diagnosis
6. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality



Child Health/Health Check True/False Quiz

7. A diagnosis of “Otitis Media” will surely be paid by Medicaid, no questions asked.
8. It is OK to code suspected avian influenza from Category J09.
9. If a condition originates in the perinatal period and continues throughout the life of the client, the perinatal code should continue to be used regardless of client’s age.
10. When both birth weight and gestational age are available code one or the other but not both.
11. Codes from Chapter 17 cannot be used after a client reaches age 18



Child Health/Health Check Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	5 year old male seen in Child Health clinic today for Chalazion, right upper and lower eyelids.	
2	During a routine Health Check physical exam, an 8 year old white female is discovered to be dehydrated. The mother reports the child has had diarrhea for several days.	
3	4 year old female is experiencing acute pain in both ears. This child has been seen on several occasions for serous otitis media, right ear. Both parents are heavy cigarette smokers. Diagnosis: Acute serous otitis media, left ear; Total perforated tympanic membrane due to chronic serous otitis media, right ear.	
4	5 year old male diagnosed with Severe persistent asthma with acute exacerbation.	
5	10 year old female is seen for cough, fever, body aches, sinus pressure. Diagnosis: Upper respiratory infection due to novel influenza A virus and acute frontal sinusitis.	
6	Medical examination of 4 year old child for admission to preschool	
7	A 14 year old female is seen in child health clinic for irregular periods. A pregnancy test is given and it is determined patient is pregnant.	



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8	6 year old female diagnosed with Erythema multiforme minor due to azithromycin prescribed for recurrent acute suppurative otitis media, both ears. Client has approximately 9 percent body surface exfoliation, primarily on her arms and legs.	
9	Full term newborn delivered 4 days ago and discharged with no problems. After going home he was jaundiced so the mother brings him to the health department for evaluation. Infant is diagnosed with hyperbilirubinemia and will have phototherapy provided at home.	
10	2 month old male is seen for initial Child Health examination. He has a cleft palate involving both the soft and hard palate, with bilateral cleft lip.	
11	12 year old female complaining of painful urination and an urge to urinate frequently. Diagnosis: Acute suppurative cystitis, with hematuria due to E coli.	
12	An 8 year old comes in for WCC and it is suspected that he has been sexually abused. Social Services is notified.	
13	A 9 year old is seen for sore throat and upper respiratory symptoms with an onset 2 days ago. A rapid strep test is negative and an Albuterol nebulizer treatment is given before sending child out via EMS for acute respiratory distress.	



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#	Scenario/Diagnosis	Answer
14	3 year, 8 month old male presents to clinic for ADHD/Behavior issues according to mother; physical exam finds 3cm lymph node below chin—Rx given for Acute Lymphadenitis. Mother states during exam that child has killed multiple small animals and constantly tortures cat. Referral to mental health for Conduct Disorder and possible ADHD; follow up lymphadenitis in 2 weeks	
15	A 3 yr old male with nutritional deficiency was referred from his primary care physician to receive Medical Nutrition Therapy (MNT) from a Registered Dietitian. The child weighed 1000 grams at birth after 32 weeks gestation. He has fetal alcohol syndrome as the mother suffered from alcohol abuse prior to and during the pregnancy. The mother has been in remission for 1 year. The primary care physician ordered 3 visits with a return visit to his office upon completion of the MNT services.	
16	A 2 year old comes in for WCC and it is discovered that child has pink eye and is treated. WCC rescheduled.	
17	A 1 year old Child Health client presents for their annual periodic Child Health visit and receives the following: Bright Futures history, exam, lead level, vision, hearing, developmental screening and is found to have an inner ear infection of the right ear.	



Evaluation and Questions

Evaluation Forms are in your Workbook

Also located at:

<http://publichealth.nc.gov/lhd/icd10/docs/training/CodingTrainingEvaluationFormforSept2014~Training.pdf>

Submit Evaluation Forms and Questions to:

Sarah.Brooks@dhhs.nc.gov

